

Examining the impact of cultural myths on pain management in Black people

February 27 2023, by Kip Guy



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To honor Black History Month in 2023, I decided to spend some time familiarizing myself with the negative impact of cultural myths about Black people on the health care support our systems provide to Black

people. I wanted to consider how the medical system treats Black people and white people as groups and how that might be related to cultural myths. To make sure I based my thinking on well-established evidence, I restricted my study to published, peer-reviewed medical or scientific high-impact journals.

The simple finding is that [health care delivery](#) in the United States often provides lower access, poorer quality care, and less empathetic care to Black people due to how we have codified cultural mythology about Black people into our protocols, guidelines, and teaching. There are many examples: blood pressure management, weight management, laboratory testing, medical device design, and pregnancy risk management. ... But, to keep it simple, I'll just talk about a very important one: pain management.

As an example, in a cross-sectional study, Chamberlain and colleagues looked at racial disparity in pain management for over 940,000 children diagnosed with appendicitis in emergency departments in the U.S. between 2003 and 2010.

What they found was striking: Black children are 10 times more likely to have all analgesia withheld by the treatment team when reporting moderate pain than white children. Among those reporting severe pain, Black children are five times less likely to receive opioids than [white children](#). This is just one example of the system providing poorer access and less empathetic care for Black people. You can find other similar studies, with similar findings, for [pain management](#), or indeed for all the other areas I mentioned.

A question that immediately comes to mind is why this is the case? Why do our guidelines, constructed by engaged and caring clinical providers who want to provide the best care to everyone, lead to this unintended outcome?

To consider that, I turned to one of many studies, a paper by Oliver and colleagues examining pain assessment and treatment choice by 400 white medical students and residents in the U.S. for Black people and whether their held false beliefs about biological differences between Black people and [white people](#) had influenced the choices they made.

Oliver found that half of the medical trainees held and endorsed false beliefs about biological differences between Black and white people and that those who held false beliefs were more likely to rate a Black person's pain as lower than a white person's and less likely to prescribe appropriate analgesia.

Pain management for patients is a microcosm of how we treat people. Pain is an intimate symptom that can drastically affect a person's well-being but is difficult to quantitate externally. Pain is defined almost fully by a person's lived experience, and to understand another's pain, we must listen and trust that they tell us about it honestly. How we handle another person's pain is also an intimate act; wrapped into our identity and perception of that person.

That is true whether we consider their physical or emotional [pain](#). I encourage you to try to listen more faithfully to the lived experience of those around you, to question how your own experience colors the way you listen to them and assess what they say. It's important to understand where our health systems may consistently fail to listen and respond appropriately.

The cited studies appeared in *JAMA Pediatrics* and *Proceedings of the National Academy of Sciences*.

More information: Monika K. Goyal et al, Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments, *JAMA Pediatrics* (2015). [DOI: 10.1001/jamapediatrics.2015.1915](https://doi.org/10.1001/jamapediatrics.2015.1915)

Kelly M. Hoffman et al, Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites, *Proceedings of the National Academy of Sciences* (2016). [DOI: 10.1073/pnas.1516047113](https://doi.org/10.1073/pnas.1516047113)

Provided by University of Kentucky

Citation: Examining the impact of cultural myths on pain management in Black people (2023, February 27) retrieved 22 June 2024 from <https://medicalxpress.com/news/2023-02-impact-cultural-myths-pain-black.html>

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